Department of Medical Assistance Services
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https://dmas.virginia.gov

MEDICAID MEMO

Last Updated: 03/09/2022

Clarification of Family Planning Waiver - Covered Services and Billing Procedures

The purpose of this memo is to provide further information regarding the Medicaid Family Planning Waiver. Detailed information pertaining to eligibility, covered services, and billing requirements are outlined in this memorandum.

The Department of Medical Assistance Services (DMAS) implemented the Family Planning Waiver on October 1, 2002. The purpose of this waiver is to extend family planning services for up to 24 months following the end of pregnancy for women who received a Medicaid-funded, pregnancy-related service during their most recent pregnancy. Any woman enrolled as a Medically Indigent pregnant woman, who received a pregnancy-related service that was paid for by Medicaid on or after October 1, 2003, is automatically eligible for the waiver at the end of her Medicaid coverage and should be encouraged to visit her local Department of Social Services (DSS) office to ensure she has been enrolled. However, any woman who received a pregnancy- related service that was paid for by Medicaid on or after October 1, 2002, but before October 1, 2003, must complete an application prior to enrollment in the waiver.

DMAS notifies women who are eligible to participate in the Family Planning Waiver at the end of their Medicaid coverage as a Medically Indigent pregnant woman. The Family Planning Waiver provides coverage for **only** the following services:

- Annual gynecological exams;
- Family planning education and counseling;
- Over-the-counter birth control supplies and prescription birth control supplies approved by the Federal Food and Drug Administration (FDA);

- Sterilizations (excluding hysterectomies) and the required hospitalization and;
- Testing for sexually transmitted diseases (STDs) during the first family planning visit.

Treatment for medical conditions or services not related to family planning or existing prior to and/or discovered during a visit to the provider for family planning services, transportation, and other services not listed above, are **NOT** covered under the Family Planning Waiver.

Attachment 1 provides a list of clinics to which patients may be referred for treatment of conditions and services not covered under the Family Planning Waiver. These clinics provide services on a sliding payment scale.

Family Planning Waiver services are reimbursed on a fee-for-service basis. To ensure payment for services, claims must be submitted using authorized Classification of Procedural Terminology (CPT) or International Classification of Disease ninth revision (ICD-9) procedure codes accompanied with the appropriate diagnosis codes. The Family Planning Waiver services are specifically limited to the ICD-9-CM Diagnosis and Procedures and the CPT procedure codes indicated in Attachment 2. Please refer to Chapter V of the *Physician* Provider Manual for instructions on claims submission; however, please note that reimbursement for services under the Family Planning Waiver is limited to the codes listed in Attachment 2. Because Family Planning Waiver recipients receive a limited benefits package, it is important to assess each Medicaid participant's eligibility and service limit status prior to providing services.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is

http://virginia.fhsc.com. The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov (***please note the new DMAS website address***). Refer to the Provider Column to find Medicaid and SLH Provider Manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order these by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

"HELPLINE"

The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays, to answer questions. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid provider identification number available when you call.